



# TOWN OF LOS GATOS

## Volunteer Application

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ Driver License # \_\_\_\_\_ Class \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

Employment: Company/Employer \_\_\_\_\_

Occupation: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Retired \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_

Special Skills or Training: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

Type of Position/Work Preferred: \_\_\_\_\_

Availability: Hours per week \_\_\_\_\_ Mornings \_\_\_\_\_ Afternoons \_\_\_\_\_ Evenings \_\_\_\_\_ Flexible \_\_\_\_\_

Student: Grade \_\_\_\_\_ School \_\_\_\_\_ Volunteer Hours Needed \_\_\_\_\_

### Reference (non-relative)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

The Town will make reasonable efforts in the selection process to accommodate persons with disabilities, please describe any special needs that you require. \_\_\_\_\_

Have you been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give details: \_\_\_\_\_

*I declare under penalty of perjury that the statements made in this application are true, and I acknowledge that any false statements or misrepresentations on this application may be cause for refusal of placement or immediate dismissal from volunteer status. I further authorize the Town of Los Gatos to investigate the matters contained in this application, and I am aware that fingerprinting and background investigation are required for placement in any sensitive volunteer positions.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Consent for students 12 to 17 years: Parent/Guardian Signature \_\_\_\_\_

**Please return completed form to:**

**Town of Los Gatos, Volunteer Services Coordinator, 208 East Main Street, Los Gatos, CA 95030**

**Fax Number : (408) 395-8640**

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TOWN OF LOS GATOS  
RELEASE OF LIABILITY, ASSUMPTION OF RISK  
AND INDEMNITY AGREEMENT  
(Individual)

\_\_\_\_\_ (hereinafter referred to as "Undersigned") will be  
(Print Name)  
engaging in the following described event or activity in the Town of Los Gatos, California.

DESCRIPTION of EVENT or ACTIVITY: (Include Dates)

\_\_\_\_\_

The Undersigned does hereby WAIVE, RELEASE AND DISCHARGE the Town of Los Gatos, its officers, agents and employees (hereinafter referred to collectively as "Town") from any and all claims for damages, personal injury, property damage, or wrongful death occurring or arising out of the event or activity described above. This release is intended to discharge, in advance, the Town from any and all liability arising out of the above event or activity even though that liability may arise out of negligence or carelessness on the part of the Town.

It is recognized that there are certain risks inherent in the activity the Undersigned is participating in. Nevertheless, the Undersigned voluntarily agrees to ASSUME ANY AND ALL RISKS of injury or death from whatever cause inherent in or arising from participation in this event or activity whether such risks are known or unknown, and to release, discharge, hold harmless and INDEMNIFY the Town for any and all damages, claims, causes of action, losses, liability, judgments, costs, costs of collection, and attorney's fees arising out of or related to the above described event or activity.

It is understood and agreed that this RELEASE, ASSUMPTION OF RISK and INDEMNITY AGREEMENT is to be binding on the Undersigned's heirs, personal representatives, next of kin, spouse and assigns.

I have read this Agreement and understand its terms.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Parent or Guardian  
(If Applicable)

**If participant is younger than 18 years old, a parent or legal guardian must execute this document and indicate relationship.**